

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

HENRY SIMON
71 TONJES ROAD
CALLICOON, NY 12723
[REDACTED]

**Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747
516-702-3002**

September 13, 2025

CONFIDENTIAL

HENRY SIMON
71 TONJES ROAD
CALLICOON, NY 12723

Dear HENRY:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
New York Resident Income Tax Return (Form IT-201)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Arthur Langer CPA PC

**Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747
516-702-3002**

September 13, 2025

CONFIDENTIAL

HENRY SIMON
71 TONJES ROAD
CALLICOON, NY 12723

For professional services rendered in connection with the preparation of your 2024 individual tax return:

Amount due	\$	<u>0.00</u>
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Filing Instructions
Electronically Filed
Form 1040 US Individual Income Tax Return

With
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2024

Name: HENRY SIMON

Date Due: October 15, 2025

Remittance: None is required. The return shows a total overpayment of \$89, which is to be refunded in its entirety.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form **1040**Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return**2024**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 See separate instructions.

Your first name and middle initial
HENRYLast name
SIMONYour social security number
669-30-1405

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

71 TONJES ROAD

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.
CALLICOONState
NYZIP code
12723Residential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

 You Spouse**Filing Status** Single Head of household (HOH)Check only
one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No**Standard Deduction** **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien**Age/Blindness** **You:** Were born before January 2, 1960 Are blind **Spouse:** Was born before January 2, 1960 Is blind**Dependents** (see instructions):

If more than four dependents, see instr. and check here	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents

Income **1a** Total amount from Form(s) W-2, box 1 (see instructions)**2,796****b** Household employee wages not reported on Form(s) W-2**1b****c** Tip income not reported on line 1a (see instructions)**1c****d** Medicaid waiver payments not reported on Form(s) W-2 (see instructions)**1d****e** Taxable dependent care benefits from Form 2441, line 26**1e****f** Employer-provided adoption benefits from Form 8839, line 29**1f****g** Wages from Form 8919, line 6**1g****h** Other earned income (see instructions)**1h****i** Nontaxable combat pay election (see instructions)**1i****z** Add lines 1a through 1h**1z**Attach Sch. B
if required.**2a** Tax-exempt interest**2a****3a** Qualified dividends**3a****4a** IRA distributions**4a****5a** Pensions and annuities**5a****6a** Soc. sec. ben.**6a****10,409****b** Taxable amount**c** If you elect to use the lump-sum election method, check here (see instructions)**7** Capital gain or (loss). Attach Schedule D if required. If not required, check here**8** Additional income from Schedule 1, line 10**9** Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income****10** Adjustments to income from Schedule 1, line 26**11** Subtract line 10 from line 9. This is your **adjusted gross income****12** Standard deduction or itemized deductions (from Schedule A)**13** Qualified business income deduction from Form 8995 or Form 8995-A**14** Add lines 12 and 13**15** Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2024)

Form 1040 (2024) **HENRY SIMON****669-30-1405** Page 2

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16 <input type="checkbox"/> 0		
	17 Amount from Schedule 2, line 3	17 <input type="checkbox"/>		
	18 Add lines 16 and 17	18 <input type="checkbox"/> 0		
	19 Child tax credit or credit for other dependents from Schedule 8812	19 <input type="checkbox"/>		
	20 Amount from Schedule 3, line 8	20 <input type="checkbox"/>		
	21 Add lines 19 and 20	21 <input type="checkbox"/>		
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 <input type="checkbox"/> 0		
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 <input type="checkbox"/>		
	24 Add lines 22 and 23. This is your total tax	24 <input type="checkbox"/> 0		
Payments	25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a <input type="checkbox"/> 89 25b <input type="checkbox"/> 25c <input type="checkbox"/>		
	26 2024 estimated tax payments and amount applied from 2023 return	26 <input type="checkbox"/> 89		
	27 Earned income credit (EIC)	NO 27 <input type="checkbox"/>		
	28 Additional child tax credit from Schedule 8812	28 <input type="checkbox"/>		
	29 American opportunity credit from Form 8863, line 8	29 <input type="checkbox"/>		
	30 Reserved for future use	30 <input type="checkbox"/>		
	31 Amount from Schedule 3, line 15	31 <input type="checkbox"/>		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 <input type="checkbox"/>		
	33 Add lines 25d, 26, and 32. These are your total payments	33 <input type="checkbox"/> 89		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 <input type="checkbox"/>		
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a <input type="checkbox"/>		
Direct deposit? See instructions.	b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number XXXXXXXXXXXXXXXXXXXX			
	36 Amount of line 34 you want applied to your 2025 estimated tax	36 <input type="checkbox"/>		
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37 <input type="checkbox"/>		
	38 Estimated tax penalty (see instructions)	38 <input type="checkbox"/>		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions	<input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name	Phone no. <input type="checkbox"/> Personal identification number (PIN) <input type="checkbox"/>		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date <input type="checkbox"/> Your occupation STUDENT	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) <input type="checkbox"/>	
	Spouse's signature. If a joint return, both must sign.	Date <input type="checkbox"/> Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.) <input type="checkbox"/>	
	Phone no. <input type="checkbox"/> Email address <input type="checkbox"/>			
Paid Preparer Use Only	Preparer's name Arthur Langer CPA	Preparer's signature Arthur Langer CPA	Date 09/13/25 PTIN P01396073	Check if: <input checked="" type="checkbox"/> Self-employed
	Firm's name Arthur Langer CPA PC	Phone no. 516-702-3002		
	52 Clubhouse Circle			
	Firm's address Melville	NY 11747	Firm's EIN 81-4277329	

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2024)

Filing Instructions

Form IT-201 - New York Income Tax Return

Taxable Year Ended December 31, 2024

Name: HENRY SIMON

Date Due: October 15, 2025

Remittance: None is required. There is a total overpayment of \$78, which is to be refunded in its entirety.

Signature: Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

Arthur Langer CPA PC
52 Clubhouse Circle
Melville, NY 11747

Other: Your return is being filed electronically. Do not mail Form IT-201.



Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2024

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (<i>jointly filed return only</i>)	
HENRY	SIMON	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1	Federal adjusted gross income (<i>from applicable line</i>)	2,796.
2	Refund	78.
3	Amount you owe	
4	Financial institution routing number	
5	Financial institution account number	
6	Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings	

1.	2,796.
2.	78.
3.	
4.	
5.	

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2024 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct and complete. The ERO has my consent to send my 2024 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2024 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (<i>jointly filed return only</i>)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2024 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2024 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2024 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2024 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature ARTHUR LANGER CPA	Print name ARTHUR LANGER CPA	Date 09132025



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

2024

For the full year January 1, 2024, through December 31, 2024, or fiscal year beginning ...

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
HENRY		SIMON	04222006	669301405
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
71 TONJES ROAD				DELA
City, village, or post office		State	ZIP code	Country
CALICOOON		NY	12723	SULLIVAN WEST
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district name
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy) Spouse's date of death (mmddyyyy)
		NY		Decedent information

A Filing status

(mark an **X** in one box):

① Single

② Married filing joint return
(enter spouse's Social Security number above)

③ Married filing separate return
(enter spouse's Social Security number above)

④ Head of household (with qualifying person)

⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2024 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

**H Dependent information**

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box.

201001241022



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
669301405

Federal income and adjustments

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)
- 5 Alimony received
- 6 Business income or loss (submit a copy of federal Schedule C, Form 1040)
- 7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (submit a copy of federal Form 4797)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)

Whole dollars only	
1	2 796 .00
2	.00
3	.00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	.00

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (submit a copy of federal Schedule F, Form 1040)
- 14 Unemployment compensation
- 15 Taxable amount of Social Security benefits (also enter on line 27)
- 16 Other income *Identify:*
- 17 Add lines 1 through 11 and 13 through 16 **17** 2 796 .00
- 18 Total federal adjustments to income *Identify:* **18** .00
- 19 Federal adjusted gross income (subtract line 18 from line 17) **19** 2 796 .00

13	.00
14	.00
15	.00
16	.00
17	2 796 .00
18	.00
19	2 796 .00

New York additions

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements
- 22 **New York's** 529 college savings program distributions
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	.00
21	.00
22	.00
23	.00
24	2 796 .00

New York subtractions

- 25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4)
- 26 Pensions of NYS and local governments and the federal government
- 27 Taxable amount of Social Security benefits (from line 15)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18)
- 32 Add lines 25 through 31
- 33 New York adjusted gross income (subtract line 32 from line 24)

25	.00
26	.00
27	.00
28	.00
29	.00
30	.00
31	.00



32	.00
33	2 796 .00

Standard deduction or itemized deduction

- 34 Enter your **standard deduction or your itemized deduction** (from Form IT-196)
Mark an **X** in the appropriate box: **Standard** - or - **Itemized**
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
- 36 Dependent exemptions (enter the number of dependents listed in item H)
- 37 **Taxable income** (subtract line 36 from line 35)

34	3 100 .00
35	.00
36	000.00
37	.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Tax calculation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	.00
39 NYS tax on line 38 amount	39	.00
40 NYS household credit	40	.00
41 Resident credit	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base for Zone 1 54a .00	54a	.00
54b MCTMT net earnings base for Zone 2 54b .00	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ...	58	.00
59 Sales or use tax (do not leave blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.



See instructions to calculate the MCTMT for each zone.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
669301405

62 Enter amount from line 61

62 .00

Payments and refundable credits

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a This line intentionally left blank	70a	
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	78.00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	78.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	78.00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	78.00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)

Mark one refund choice: **direct deposit** to checking or savings account (fill in line 83) - or - **paper check**

79 Amount of line 77 that you want applied to your 2025 estimated tax (see instructions)

79	.00
----	-----

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

80	.00
----	-----

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)

81	.00
----	-----

82 Other penalties and interest

82	.00
----	-----

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number

83c Account number

84 Electronic funds withdrawal

Date Amount .00

Third-party designee? (see instr.)	Print designee's name		Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email: <input type="text"/>			

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature ARTHUR LANGER CPA		Preparer's printed name ARTHUR LANGER CPA		
Firm's name (or yours, if self-employed) ARTHUR LANGER CPA PC		Preparer's PTIN or SSN P01396073		
Address 52 CLUBHOUSE CIRCLE MELVILLE NY 11747		Employer identification number 814277329		
		Date 09132025		
Email: ARTHUR@CPALANGER.COM				

▼ Taxpayer(s) must sign here ▼		
Your signature		
Your occupation STUDENT		
Spouse's signature and occupation (if joint return)		
Date	Daytime phone #	
Email:		

201004241022

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM